

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	KELLS F 2
Doc ID	1270726

All Electric Logs Run

REPEAT LOG
ANNULAR HOLE VOLUME PLOT
ARRAY COMPENSATED TRUE RESISTIVITY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
MICROLOG

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	KELLS F 2
Doc ID	1270726

Tops

Name	Top	Datum
HEEBNER	4067	
TORONTO	4083	
LANSING	4115	
KANSAS CITY	4567	
MARMATON	4708	
PAWNEE	4799	
CHEROKEE	4852	
ATOKA	5072	
MORROW	5128	
CHESTER	5235	
ST GENEVIEVE	5339	

Summary of Changes

Lease Name and Number: KELLS F 2

API/Permit #: 15-081-22043-00-00

Doc ID: 1270726

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	05/30/2014	11/09/2015
Contractor License Number	34660	99975
Contractor Name	Aztec Well Servicing Co.	COMPANY SERVICING TOOLS
Fracturing Question 1	No	Yes
Fracturing Question 2		No
Perf_Depth_3		5202-5219
Perf_Material_3		Frac-559 bbls, 100,386 lbs of 16/30 white sand, 1,123,000 SCF total N-2
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1208015	../..kcc/detail/operatorEditDetail.cfm?docID=1270726



Confidentiality Requested:

Yes No

CONFIDENTIAL WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
-----------------------------------	-----------------	---

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1206733
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
-----------------------------------	-----------------	---

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	KELLS F 2
Doc ID	1206733

All Electric Logs Run

REPEAT LOG
ANNULAR HOLE VOLUME PLOT
ARRAY COMPENSATED TRUE RESISTIVITY LOG
BOREHOLE COMPENSATED SONIC ARRAY LOG
DUAL SPACED NEUTRON SPECTRAL DENSITY LOG
MICROLOG

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	KELLS F 2
Doc ID	1206733

Tops

Name	Top	Datum
HEEBNER	4067	
TORONTO	4083	
LANSING	4115	
KANSAS CITY	4567	
MARMATON	4708	
PAWNEE	4799	
CHEROKEE	4852	
ATOKA	5072	
MORROW	5128	
CHESTER	5235	
ST GENEVIEVE	5339	

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	KELLS F 2
Doc ID	1206733

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5294-5297, 5307-5312, 5334-5337, 5288-5294, 5297-5299, 5302-5307, 5312-5315 CHESTER`		5294-5315
4	5200-5204, 5205-5212, 5214-5219 MORROW		5200-5219

ALLIED OIL & GAS SERVICES, LLC 053101

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Liberal ks

DATE <u>03-15-14</u>	SEC. <u>30</u>	TWP. <u>27S</u>	RANGE <u>33W</u>	CALLED OUT	ON LOCATION	JOB START <u>2:00</u>	JOB FINISH <u>3:30 a.m</u>
LEASE <u>Kells F</u>	WELL # <u>2</u>	LOCATION <u>Sublete ks, N to CR 50, W</u>			COUNTY <u>Finney</u>	STATE <u>ks</u>	
OLD OR <u>(NEW)</u> (Circle one)		to CR HH, S 1 Mile, W into.					

CONTRACTOR Aztec #507
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 1685+ft
 CASING SIZE 8 3/8 24# DEPTH 1685
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 1200 Psi MINIMUM
 MEAS. LINE SHOE JOINT 41.32 ft
 CEMENT LEFT IN CSG. 2.67 Bbls
 PERFS.
 DISPLACEMENT 104.7 Bbls

OWNER Oxy USA Inc
 CEMENT
 AMOUNT ORDERED 350 sk AMDC "C", 3% CC
1/4 lb/sk Floscle, 2% SA-SI
245 sk "C" 3% CC, 1/4 lb/sk Floscle
 COMMON "C" 245 sk @ 24.40 5,978.00
 POZMIX @
 GEL @
 CHLORIDE 22 sk @ 64.00 1,408.00
 ASC @
 AMDC "C" 350 sk @ 31.00 10,850.00
 Floscle 150 lb @ 2.97 445.50
 SA-SI 66 lb @ 17.55 1,158.30
 HANDLING 665.87 @ 2.48 1,651.36
 MILEAGE 1478.46 Ton Mi @ 2.60 3,844.00
 TOTAL 25,335.16

EQUIPMENT
 PUMP TRUCK CEMENTER Ruben Chavez
 # 549-550 HELPER Ricardo Estrada - Ruben ch
 BULK TRUCK
 # 868-842 DRIVER José Calderon
 BULK TRUCK
 # 700-744 DRIVER Alex Ayala

REMARKS:

AP LOCATION/DEPT. Libcap D02 NON D02
 LEASE/WELL/FAC Kells F-2
 MAXIMO / WSM #
 TASK 01-02 ELEMENT 3023
 PROJECT # 1176996 CAPEX / OPEX - Circle one
 SPO / BPA UNSUPPORTED
 PRINTED NAME JARED LEWTON
 SIGNATURE: Jared Lewton
I certify that these Services/Materials have been received

SERVICE

DEPTH OF JOB 1685 ft
 PUMP TRUCK CHARGE 2,213.75
 EXTRA FOOTAGE @
 MILEAGE heavy 50 Mi @ 7.70 385.00
MANIFOLD + head 1 @ 275.00 275.00
Light Vehicle 50 Mi @ 4.40 220.00
 TOTAL 3,093.75

CHARGE TO: Oxy USA Inc
 STREET
 CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

Top rubber plug 1 @ 131.00 131.00
AFU Insert Float 1 @ 447.00 447.00
Guide Shoe 1 @ 460.00 460.00
Centralizer 14 @ 75.00 1,050.00
Stop collar 1 @ 56.00 56.00
 TOTAL 8307 996.84
 thread lock 12
 SALES TAX (If Any) 3,140.84
 TOTAL CHARGES 31,539.75

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME JARED LEWTON
 SIGNATURE Jared Lewton

DISCOUNT IF PAID IN 30 DAYS
NET 21,783.13

ALLIED OIL & GAS SERVICES, LLC 053088

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Liberal (21)

DATE <u>3-18-14</u>	SEC. <u>30</u>	TWP. <u>27</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION	JOB START <u>9:00pm</u>	JOB FINISH <u>10:00pm</u>
LEASE <u>Kells</u>	WELL # <u>F-2</u>	LOCATION <u>Siblette KS North to CR-50</u>			COUNTY <u>Finnay</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)		West to CR #4, one south west into					

CONTRACTOR Aztec 507
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE 5 1/2 DEPTH 5556'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 41.58
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT 127.9 PBL

OWNER _____
 CEMENT
 AMOUNT ORDERED 315ss class #1.50/50, 2 1/2 gal - 2 1/2 CD-31, .5% FL-160, 3% gypsum, 10% salt 1/4 floccul, #5 Kol seal.
 COMMON @ _____
 POZMIX @ _____
 GEL 1.525 lb @ .98 1,543.50
 CHLORIDE @ _____
 ASC @ _____
A 50/50 Poz Blend Class #1.50 16.85 5,307.75
Super Flush 12 PBL @ 58.70 704.40
Gyp Seal 27 sk @ 37.60 1,025.20
Salt 19 sk @ 26.35 500.65
Floccul 79 lb @ 2.97 234.63
FL-160 133 lb @ 18.90 2,513.70
CD-31 53 lb @ 10.30 545.90
 HANDLING 424.43 cu FT @ 2.48 1,052.59
 MILEAGE 800.03 Teamit 2.60 2,080.08
 TOTAL 15,498.40

EQUIPMENT (31S)

PUMP TRUCK CEMENTER Aldo Espinoza
 # 531-686 HELPER Cesar Pavia
 BULK TRUCK
 # 868-840 DRIVER Ruben Perez
 BULK TRUCK
 # DRIVER

REMARKS:

AP LOCATION/DEPT. Libcap D02 NON D02
 LEASE/WELL/FAC. Kells F-2
 MAXIMO / WSM # _____
 TASK 01-02 ELEMENT 3023
 PROJECT # 1176996 CAPEX / OPEX - Circle one
 SPO / BPA UNSUPPORTED
 PRINTED NAME JARED LEWTON
 SIGNATURE: Jared Lewton
I certify that these Services/Materials have been received

SERVICE

DEPTH OF JOB 5556'
 PUMP TRUCK CHARGE 3,099.25
 EXTRA FOOTAGE @ _____
 MILEAGE Light 50mi @ 4.40 220.00
 MANIFOLD 1 @ 275.00 275.00
Heavy Vehicle 50mi @ 7.70 385.00

CHARGE TO: Oxy USA Hugoton operations
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL 3,979.25

PLUG & FLOAT EQUIPMENT

Guide Shoe 1 @ 280.80 280.80
AFU Float Valve 1 @ 334.62 334.62
Centralizers 20 @ 57.33 1,146.60
Stop Collar 1 @ 49.14 49.14
Top Rubber Plug 1 @ 85.41 85.41
 TOTAL 1,896.57

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____
 TOTAL CHARGES 21,374.22
 DISCOUNT _____ IF PAID IN 30 DAYS
 NET = 14,961.95

PRINTED NAME JARED LEWTON
 SIGNATURE Jared Lewton